

**STATEMENT OF ECONOMIC INTERESTS****COVER PAGE***A Public Document*March 19, 2008 *AF*

Please type or print in ink.

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
Snow	Lester	A.	[REDACTED]
MAILING ADDRESS (May use business address)	STREET	CITY	STATE ZIP CODE
[REDACTED]			OPTIONAL: FAX / E-MAIL ADDRESS
[REDACTED]			

**1. Office, Agency, or Court**

Name of Office, Agency, or Court:

Department of Water Resources

Division, Board, District, if applicable:

Division of Executive Services

Your Position:

Director

➔ If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: CA Bay Delta AuthorityPosition: Member**2. Jurisdiction of Office (Check at least one box)**☒ State☐ County of \_\_\_\_\_☐ City of \_\_\_\_\_☐ Multi-County \_\_\_\_\_☐ Other \_\_\_\_\_**3. Type of Statement (Check at least one box)**☐ Assuming Office/Initial Date: \_\_\_\_/\_\_\_\_/\_\_\_\_☒ Annual: The period covered is January 1, 2007, through December 31, 2007.**-or-**☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2007.☐ Leaving Office Date Left: \_\_\_\_/\_\_\_\_/\_\_\_\_ (Check one)☐ The period covered is January 1, 2007, through the date of leaving office.**-or-**☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.☐ Candidate**4. Schedule Summary**➔ Total number of pages including this cover page: 5

➔ Check applicable schedules or "No reportable interests."

I have disclosed interests on one or more of the attached schedules:

Schedule A-1 ☐ Yes - schedule attached  
*Investments (Less than 10% Ownership)*Schedule A-2 ☒ Yes - schedule attached  
*Investments (10% or greater Ownership)*Schedule B ☒ Yes - schedule attached  
*Real Property*Schedule C ☒ Yes - schedule attached  
*Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)*Schedule D ☒ Yes - schedule attached  
*Income - Gifts*Schedule E ☐ Yes - schedule attached  
*Income - Travel Payments***-or-**☐ No reportable interests on any schedule**5. Verification**

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

**SCHEDULE A-2**  
**Investments, Income, and Assets**  
**of Business Entities/Trusts**  
(Ownership Interest is 10% or Greater)

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION
Name  Lester A. Snow

**> 1. BUSINESS ENTITY OR TRUST**

Fair Oaks Rehabilitation & Fitness

Name

Fair Oaks, CA

Address

Check one

☐ Trust, go to 2    ☒ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
Occupational and Physical Therapy Clinic

FAIR MARKET VALUE

IF APPLICABLE, LIST DATE:

☐ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☒ \$100,001 - \$1,000,000

☐ Over \$1,000,000

\_\_\_\_/\_\_\_\_/07

ACQUIRED

\_\_\_\_/\_\_\_\_/07

DISPOSED

NATURE OF INVESTMENT

☒ Sole Proprietorship    ☐ Partnership    ☐ Other

YOUR BUSINESS POSITION Husband

**> 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)**

☐ \$0 - \$499

☒ \$10,001 - \$100,000

☐ \$500 - \$1,000

☐ OVER \$100,000

☐ \$1,001 - \$10,000

**> 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (attach a separate sheet if necessary)**

**> 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST**

Check one box:

☐ INVESTMENT

☐ REAL PROPERTY

Name of Business Entity or

Street Address or Assessor's Parcel Number of Real Property

Description of Business Activity or

City or Other Precise Location of Real Property

FAIR MARKET VALUE

IF APPLICABLE, LIST DATE:

☐ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☐ \$100,001 - \$1,000,000

☐ Over \$1,000,000

\_\_\_\_/\_\_\_\_/07

ACQUIRED

\_\_\_\_/\_\_\_\_/07

DISPOSED

NATURE OF INTEREST

☐ Property Ownership/Deed of Trust

☐ Stock

☐ Partnership

☐ Leasehold

Yrs. remaining

☐ Other

☐ Check box if additional schedules reporting investments or real property are attached

**> 1. BUSINESS ENTITY OR TRUST**

Name

Address

Check one

☐ Trust, go to 2    ☐ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE

IF APPLICABLE, LIST DATE:

☐ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☐ \$100,001 - \$1,000,000

☐ Over \$1,000,000

\_\_\_\_/\_\_\_\_/07

ACQUIRED

\_\_\_\_/\_\_\_\_/07

DISPOSED

NATURE OF INVESTMENT

☐ Sole Proprietorship    ☐ Partnership    ☐ Other

YOUR BUSINESS POSITION

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☐ \$10,001 - \$100,000

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☐ OVER \$100,000

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☐ \$10,001 - \$100,000

☐ \$100,001 - \$1,000,000

☐ Over \$1,000,000

\_\_\_\_/\_\_\_\_/07

ACQUIRED

\_\_\_\_/\_\_\_\_/07

DISPOSED

NATURE OF INTEREST

☐ Property Ownership/Deed of Trust

☐ Stock

☐ Partnership

☐ Leasehold

Yrs. remaining

☐ Other

☐ Check box if additional schedules reporting investments or real property are attached

Comments:



**SCHEDULE C**  
**Income, Loans, & Business**  
**Positions**  
(Other than Gifts and Travel Payments)

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION
Name <div style="text-align: right;">Lester A. Snow</div>

**> 1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME

Fitzpatrick Physical Therapy

ADDRESS

Placerville, CA 95667

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Spouse's income

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED

- ☐ \$500 - \$1,000      ☐ \$1,001 - \$10,000  
☒ \$10,001 - \$100,000      ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

- ☐ Salary      ☒ Spouse's or registered domestic partner's income  
☐ Loan repayment

☐ Sale of \_\_\_\_\_  
(Property, car, boat, etc.)

☐ Commission or ☐ Rental income, list each source of \$10,000 or more

☐ Other \_\_\_\_\_  
(Describe)

**> 1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME

ADDRESS

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED

- ☐ \$500 - \$1,000      ☐ \$1,001 - \$10,000  
☐ \$10,001 - \$100,000      ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

- ☐ Salary      ☐ Spouse's or registered domestic partner's income  
☐ Loan repayment

☐ Sale of \_\_\_\_\_  
(Property, car, boat, etc.)

☐ Commission or ☐ Rental income, list each source of \$10,000 or more

☐ Other \_\_\_\_\_  
(Describe)

**> 2. LOAN RECEIVED**

\* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER\*

ADDRESS

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD

- ☐ \$500 - \$1,000  
☐ \$1,001 - \$10,000  
☐ \$10,001 - \$100,000  
☐ OVER \$100,000

INTEREST RATE

\_\_\_\_\_ %      ☐ None

TERM (Months/Years)

SECURITY FOR LOAN

- ☐ None      ☐ Personal residence

☐ Real Property \_\_\_\_\_  
Street address  
City

☐ Guarantor \_\_\_\_\_

☐ Other \_\_\_\_\_  
(Describe)

Comments: \_\_\_\_\_

# SCHEDULE D Income – Gifts

CALIFORNIA FORM **700**

FAIR POLITICAL PRACTICES COMMISSION

Name

Lester A. Snow

> NAME OF SOURCE

Wine Institute

ADDRESS

425 Market Street, San Francisco, CA 94105

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Industry Trade Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
3 / 12 / 07	\$ 54.21	Reception Attendance
/  /	\$	
/  /	\$	

> NAME OF SOURCE

ADDRESS

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/  /	\$	
/  /	\$	
/  /	\$	

> NAME OF SOURCE

ADDRESS

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/  /	\$	
/  /	\$	
/  /	\$	

> NAME OF SOURCE

ADDRESS

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/  /	\$	
/  /	\$	
/  /	\$	

> NAME OF SOURCE

ADDRESS

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/  /	\$	
/  /	\$	
/  /	\$	

> NAME OF SOURCE

ADDRESS

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/  /	\$	
/  /	\$	
/  /	\$	

Comments: